



# DUVALL-CARNATION POLICE DEPARTMENT

## PUBLIC RECORDS REQUEST

Print Name Last First Middle Today's Date  
(if involved in case) ( ) ( )  
Date of Birth Phone (Daytime) Cell or Other phone

Mailing Address City, State, Zip

### Record Requested (please be as specific as possible):

- ☐ Police Report / Type of Incident: \_\_\_\_\_  
☐ Traffic Accident Report  
☐ Citizen (Clearance) Letter  
☐ Other / **Please be specific:** \_\_\_\_\_

Case/Incident/Citation Number: \_\_\_\_\_ If a case number is not known, please provide date, time, physical location of the incident, and names of persons involved, as well as any other pertinent information:

### Your relationship to the case:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Arrested Party/Defendant   | <input type="checkbox"/> Legal Guardian             | <input type="checkbox"/> Suspect       |
| <input type="checkbox"/> Attorney of Involved Party | <input type="checkbox"/> Parent of Minor (under 18) | <input type="checkbox"/> Vehicle Owner |
| <input type="checkbox"/> Driver                     | <input type="checkbox"/> Passenger                  | <input type="checkbox"/> Victim        |
| <input type="checkbox"/> Insurer of Involved Party  | <input type="checkbox"/> Person Injured in Accident | <input type="checkbox"/> Witness       |
| <input type="checkbox"/> Involved Party             | <input type="checkbox"/> Property Owner             | <input type="checkbox"/> Other _____   |

**Notes:** ID must be presented IN PERSON at the Duvall-Carnation Police Department for all victim-related or releasable juvenile records. If there is a copying fee we will notify you as fees must be paid before records will be released.

### Choose One:

- ☐ I wish to **pick up** these copied records. I understand I will be notified when the copies are ready and that if this request is not picked up within 2 weeks of contact, it and any associated copies will be destroyed.
- ☐ I wish to have these copied records **mailed** to me at the above address (this option is only available when ID is not required or when the requester has come in person to complete this form and already shown any required ID).

**I understand that the record I am requesting is subject to State Disclosure Law and not all criminal record information is disclosable per RCW 10.97.050. State law provides for the release of collision/criminal history information only to certain persons per RCW 46.52.080 and 46.52.083. There may be a fee for the copies that I am requesting (\$.15 per page after the first five pages). I understand that requests are processed in the order received. The Duvall-Carnation Police Department will "respond" within 5 business days from the date that this form is submitted (per RCW 42.56.520). "Respond" means sending the copies requested or, due to the volume of requests and research time required, a notice stating we need additional time to process. By signing this form I certify that the information I may obtain through this request for public records will not be used for commercial purposes. Questions: call us at 425-788-1519.**

Signature

Date

(For Police Use Only):

Received by: \_\_\_\_\_

Date Stamp:

\_\_\_\_ Photo ID Verified (CHECK HERE) N/A \_\_\_\_

Fees Paid \$\_\_\_\_ (or N/A)



# DUVALL-CARNATION POLICE DEPARTMENT

## PUBLIC RECORDS REQUEST

**THIS SIDE FOR POLICE DEPARTMENT USE ONLY:**

Case/Incident Number \_\_\_\_\_

File Number \_\_\_\_\_

Response due By \_\_\_\_\_

Action	By Whom	When	Status
Request Received	_____	Date: _____	
Case Found	_____	Date: _____	Open/Active ____ Closed/Inactive ____
<b><u>Closed/Inactive (to City Attorney for approval – no Commander review required)</u></b>			
Sent to City Attorney	_____	Date: _____	
City Attorney Reply*	_____	Date: _____	Approved ____ Denied ____
Response cc'd to Case File	_____	Date: _____	
<b><u>Open/Active (prosecuting attorney MUST review on a case by case basis*)</u></b>			
Sent to Commander	_____	Date: _____	
Sent to Prosecutor	_____	Date: _____	
Prosecutor's Reply*	_____	Date: _____	Approved ____ Denied ____
Response cc'd to Case File	_____	Date: _____	

**Special Notes/Conditions**

\_\_\_\_\_

\_\_\_\_\_  
\*(if prosecutor approves release of active case information, copy of approval must be forwarded to City Attorney)

**Request Tracking Notes**

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